



MEMBERSHIP APPLICATION 'THE HACK PACK'		
APPLICANT INFORMATION		
Name:		
Date of birth:		Phone:
Current address:		
City:	State:	
HORSE INFORMATION		
How many years are you riding:		
Are you a member of another riding club?		How long?
Name of Club/s:		
Have you transport: Yes/No		
EMERGENCY CONTACT		
Name of Contact:		
Address:		Phone:
City:	State:	
Relationship:		
CLUB REQUIREMENTS		
Do you have Insurance with Countryside Alliance: Yes/No expiry date: Please attach a copy of your insurance to this application		
Would you like to become an event organizer? Yes/No		
Do you agree to help out about 10 hours a year? Yes/No		
Will you take responsibility for your horse at events? Yes/No		
<i>There are no fees for jointing our club but you must have insurance cover with the Countryside Alliance. Horses & Riders must be on their best behavior on our outings. Respecting the people and places that we visit !!!!</i>		
SIGNATURES		
I authorize the verification of the information provided on this form.		
Print Name:		
Signature of applicant:		Date: